## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

SIGNATURE AND

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILFD DIVISION OF CORPORATIONS 1997 97 JUN 3ñ PM 12: 23 DOCUMENT # SECREMA AHASSEATE TALLAHASSEE, FLORIDA Principal Place of Business COMMUNICATIONS, (3-1) BOLLARD AVE 3a. Date of Last Report 07/11/95 3. Date incorporated or Qualified 34997 12-30-1991 Applied For 13-2506167 21 26 Not Applicable Suite, Apt #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Ζıρ Country 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes X No 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81) Name SHARPLESS, WILLIAM M. Street Address (P.O. Box Sported to No. Machanda re) 3 1 1 5 5 1 1 7 3 -- U14 1061, E. INDIANTOWN ROAD 83 \*\*\*\*165.00 \*\*\*\*165.00 SUITE 400 84 City 85 Zip Cade 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am lamiliar with, and accept the obligations of, Section 607.0506, Florida Statutes SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and fitte if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_ DELETE Change Addition 1.1 TITLE TITLE PD 1.2 NAME NAME HALE GORPON STREET ADDRESS 1.3 STREET ADDRESS STUART FL 1.4 CITY - ST - ZIP CITY-ST-ZIP 211006 Change Addition TITLE V.D. NAME 2.2 NAME SHOAF, JESSE . D. 100 BETTIS ROAD DANOERURG STREET APPRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE Change Addition 3 1 TITLE T)TLE HALE PANELA 3.2 NAME NAME\* WEST AVENUE 3.3 STREET ADDRESS STREET ADDRESS DARIEN CT 3.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change 41 TITLE Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119/07(3)(i). Florida Statutes. I furnier certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of listed empowered to execute this epit yes to find you hapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if placed, or on an attact trent with an address. 941-192.6400. SIGNATURE